

ISSUE FEE TRANSMITTAL

This form is submitted in lieu of a formal transmittal and should be used for transmitting the Issue Fee. Sections 1A through 4 must be completed as appropriate.

INVENTOR(S) ADDRESS CHANGE SC/SERIAL NO.

INVENTOR'S NAME 1985

Street Address TRADEMA

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

Check if additional changes are on reverse side.

63 STATUS - 174

63 LOC 430 1-30 89

63 174

41 W/N = 10/1/88

MAILING INSTRUCTIONS

All further correspondence including the Issue Fee Receipt, the Patent, and advanced orders will be mailed to the addressee entered in section 1 on PTOL-85c, unless you direct otherwise by specifying the appropriate name and address in 1A below.

(Note: See box 5 below for correspondence concerning maintenance fee payments.)

2A. The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified below.

Chm McGwire 11/22/88

(Signature of party in interest of record) (Date)

C. Irvin McClelland 21,124

Note: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party of interest as shown by the records of the Patent and Trademark Office.

SC/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/003,822	01/16/87	014	TURNIPSEED, J	129 08/24/88

First Named Applicant: MASUZAWA, KUNIYOSHI

TITLE OF INVENTION: 8-ALKOXYQUINOLONECARBOXYLIC ACID AND SALTS THEREOF (AS AMENDED)

ATTY'S DOCKET NO.	CLASS SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1703-021-0	544-363.000	L62	UTILITY	NO	\$560.00	11/25/88
100 11/25/88 003822			1 142		560.00 CK	

1A. Further correspondence to be mailed to the following:

2B. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 OBLON, FISHER,

2 SPIVAK, McCLELLAND
& MAIER, P.C.

DO NOT USE THIS SPACE

3. ASSIGNMENT DATA (print or type)

A. (1) This application is NOT assigned.
(2) Assignment previously submitted to the Patent and Trademark Office.
(3) Assignment submitted herewith.

B. For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334).

(1) NAME OF ASSIGNEE:

KYORIN PHARMACEUTICAL CO., LTD.

(2) ADDRESS: (City & State or Country)

Tokyo, JAPAN

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION:

JAPAN

4. The following fees are enclosed:

Issue fee Advanced order Assignment recording

The following fees should be charged to deposit acc. no. 15-0030

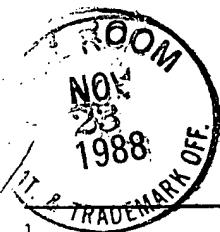
(PTOL-85c or additional copy of PTOL-85b must be enclosed)

Issue fee Assignment recording
 Advanced order Any additional fees due

Number of advanced order copies requested. -0-
(must be for 10 or more copies)

5. All correspondence relating to maintenance fees will be addressed to the correspondence address unless a separate "Fee Address" is provided to the Patent and Trademark Office (37 C.F.R. 1.363). A "Fee Address" may be submitted by the owner of record with the payment of the issue fee or thereafter by using form PTO-1537.

ISSUE FEE TRANSMITTAL



OBLON, FISHER, SPIVAK, MC CLELLAND
AND MAIER, CRYSTAL SQUARE FIVE, STE. 400
1755 SOUTH JEFF. DAVIS HWY.
ARLINGTON, VA 22202

2A. The COMMISSIONER
MARKS is requested
application identified

C. Irvin McClellan

(Signature of party in interest of recd
C. Irvin McClellan

Note: The Issue Fee will not be
other than the applicant; a
agent; or the assignee or ot
shown by the records of the aca
mark Office.

	SC/SERIAL NO.	FILED DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE
First Named Applicant	07/003,822	01/16/87	014	TURNIPSEED, J	129 08/24/87

TITLE OF INVENTION	MASUZAWA, KUNIYOSHI
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8-ALKOXYQUINOLONECARBOXYLIC ACID AND SALTS THEREOF (AS AMENDED)
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ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1703-021-0	544-363.000	L62	UTILITY	NO	\$360.00	11/25/88

1A. Further correspondence to be mailed to the following:	2B. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will printed.
	1 OBLON, FISHER, 2 SPIVAK, McCLELLAND 3 & MAIER, P.C.

DO NOT USE THIS SPACE

3. ASSIGNMENT DATA (print or type)	4. The following fees are enclosed: <input checked="" type="checkbox"/> Issue fee <input type="checkbox"/> Advanced order <input checked="" type="checkbox"/> Assignment recording The following fees should be charged to deposit acc. no. <u>15-0030</u> (PTOL-85c or additional copy of PTOL-85b must be enclosed)
A. (1) <input type="checkbox"/> This application is NOT assigned. (2) <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. (3) <input checked="" type="checkbox"/> Assignment submitted herewith.	
B. For Printing On The Patent: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data below is only appropriate when an assignment has been previously submitted to the PTO or is submitted herewith. Completion of this form is NOT a substitute for filing of an assignment as required by 37 C.F.R. 1.334).	
(1) NAME OF ASSIGNEE: KYORIN PHARMACEUTICAL CO., LTD.	<input type="checkbox"/> Issue fee <input type="checkbox"/> Advanced order <input type="checkbox"/> Assignment recording <input checked="" type="checkbox"/> Any additional fees due
(2) ADDRESS: (City & State or Country) Tokyo, JAPAN	Number of advanced order copies requested. <u>-0-</u> (must be for 10 or more copies)
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION: JAPAN	